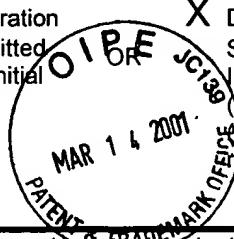


**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing

Declaration Submitted after Initial Filing (surcharge required) *(37 CFR 1.16 (e))*



Attorney Docket Number	44261-4
First Named Inventor	PEDERSON, Larry V.
COMPLETE IF KNOWN	
Application Number	09 1710,782
Filing Date	November 13, 2000
Group Art Unit	Not known
Examiner Name	Not known

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

"LIGHT THERAPY DEVICE"

the specification of which
 is attached hereto
 OR

was filed on November 13, 2000 as United States Application Number or PCT International

Application Number 09/710,782 and was amended on (MM/DD/YYYY) (If applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365 (b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	YES	NO
2,300,569 2,317,319	CANADA CANADA	March 14, 2000 August 30, 2000	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

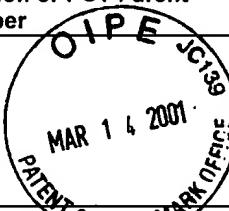
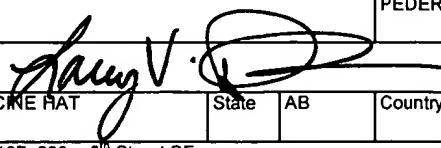
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

DECLARATION – Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

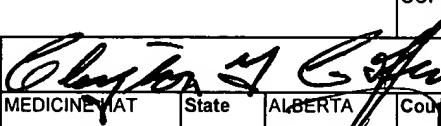
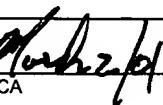
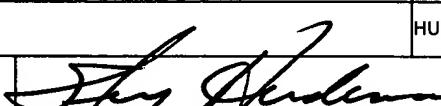
U.S. Parent Application or PCT Parent Number		Parent Filing Date (MM/DD/YYYY)		Parent Patent Number (if applicable)			
							
<input type="checkbox"/> Additional U.S. or PCT international application number(s) are listed on a supplemental priority data sheet PTO/SB/02B attached As a named Inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected herewith: <input type="checkbox"/> Customer Number _____ → <input type="checkbox"/> Place Customer Number Bar Code Label Here <input checked="" type="checkbox"/> Registered Practitioner(s) name/registration number listed below							
Name		Registration Number	Name		Registration Number		
ROSEANN B. CALDWELL		37,077					
JEFFREY T. DAINES		41,540					
EDWARD YOO		41,435					
<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.							
Direct all correspondence to: <input type="checkbox"/> Customer Number or <input type="checkbox"/> Correspondence address below Bar Code Label							
Name	Ms. Roseann B. Caldwell						
Address	BENNETT JONES LLP						
Address	4500, 855 - 2nd STREET S.W.						
City	CALGARY		State	AB	Zip		
County	CANADA	Telephone	(403) 298-3661		Fax (403) 269-7219		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statement may jeopardize the validity of the application or any patent issued thereon.							
Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
LARRY V.			PEDERSON				
Inventor's Signature					Date	02/14/01	
Residence: City	MEDICINE HAT		State	AB	Country	CANADA	
Post Office Address	Suite 107, 233 – 5 th Street SE					Citizenship	CA
Post Office Address							
City	Medicine Hat	State	AB	Zip	T1A 0M5	Country	CANADA
<input checked="" type="checkbox"/> Additional Inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto,							

DECLARATION

ADDITIONAL INVENTOR(S)

Supplemental Sheet

Page 1 of 1

Name of Additional Joint Inventor, if Any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
CLAYTON G.				COFFEY			
Inventor's Signature					Date		
Residence: City	MEDICINE HAT	State	ALBERTA	Country	CANADA	Citizenship	CA
Post Office Address	Suite 107, 233 – 5 th Street SE						
Post Office Address							
City	Medicine Hat	State	Alberta	Zip	T1A 0M5	Country	CANADA
Name of Additional Joint Inventor, if Any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
HENRY				HUEDEMA			
Inventor's Signature					Date		
Residence: City	MEDICINE HAT	State	ALBERTA	Country	CANADA	Citizenship	CA
Post Office Address	Suite 107, 233 – 5 th Street SE						
Post Office Address							
City	Medicine Hat	State	Alberta	ZIP	T1A 0M5	Country	CANADA
Name of Additional Joint Inventor, if Any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	